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NOV 21 2005

PATENT

FACSIMILE TRANSMITTAL LETTER

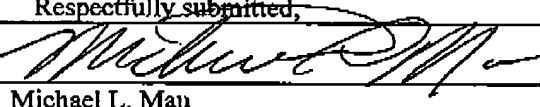
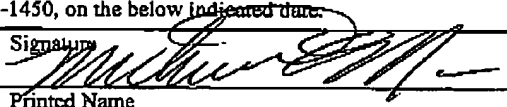
MS: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TOTAL NO. OF PAGES: 14
Sent to Facsimile No.: 571-273-8300
Examiner Phone No.: 571-272-7057

In re Application of:	Bror Fries		
Serial No.:	10/786,608	Examiner:	Michael J. Kyle
Confirmation No.:	185P1US11	Art Unit:	3677
Filed:	February 25, 2004		
For:	HINGE DEVICE		
We are transmitting the following documents:			
Facsimile Transmittal Letter [1 page]			
Fee Transmittal for FY 2005 [1 page]			
Response to Restriction Requirement [1 page]			
Amendment [11 pages]			

Please charge Deposit Account 50-0549 for any fees under 37 CFR §1.16 and §1.17 that may be required during the pendency of this application. This authorization includes the fee for any extension of time under 37 CFR §1.136(a) that may be necessary. To the extent any such extension should become necessary it is hereby requested.

Respectfully submitted,

Registration No. 30,087	Direct Dial 612-331-7415	
Date: November 21, 2005		Michael L. Mau
United States Patent and Trademark Office		
Customer No. 23322		
Certificate of Facsimile Transmission		
Pursuant to 37 CFR 1.8, I certify that this correspondence is being sent to the telephone number shown below, addressed to: MS: Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the below indicated date.		
To Facsimile Number 571-273-8300	Signature 	
Date November 21, 2005	Printed Name Michael L. Mau	
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PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0951-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 50.00)

Complete if Known

Application Number	10788,608
Filing Date	February 25, 2004
First Named Inventor	Bror Fries
Examiner Name	Michael J. Kyle
Art Unit	3677
Attorney Docket No.	185P1USH

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: **50-0549** Deposit Account Name: **IPLM Group, P.A.**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**

34 - 20 or HP = 2 x 25 = 50 **Fee (\$)** **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

- 3 or HP = x =

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	30,087	Telephone	612-331-7415
Name (Print/Type)	Michael L. Mau			Date	November 21, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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NOV 21 2005

PATENTIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Bror Fries	Examiner:	Michael J. Kyle
Serial No.:	10/786,608	Group Art Unit:	3677
Filed:	February 25, 2004	Confirmation No.:	2821
Docket No.:	185P1US11		
Title:	HINGE DEVICE		

CERTIFICATE UNDER 37 CFR 1.8:

I hereby certify that this correspondence is submitted via facsimile to: Mail Stop Amendment, Commissioner for Patents,
P.O. Box 1450, Alexandria, VA 22313-1450 (571-273-8300) on November 21, 2005.


Michael L. MauRESPONSE TO RESTRICTION REQUIREMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

Dear Sir:

In response to the Restriction Requirement mailed October 19, 2005, Applicant elects, without traverse, Species XX, Figure 24, (claims 3-6, 9-12, 20-21, 23-24, and 31-32), drawn to claims 4, 5, 6, 9, 11, 12, 31, 32 and 34. Applicant's Representatives reserve the right to pursue examination of the non-elected claims in continuation or divisional applications. In an Amendment being filed concurrently herewith, Applicant has amended the above-noted claims and added new claims 33-34 for completion of this application.

The Examiner is invited to contact Applicant's Representatives, at the below-listed telephone number, if there are any questions regarding this Response or if prosecution of this application may be assisted thereby.

Respectfully submitted,

BROR FRIES

By: 

Michael L. Mau
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IPLM Group, P.A.
Post Office Box 18455
Minneapolis, MN 55418
Telephone (612) 331-7415

MLM:db

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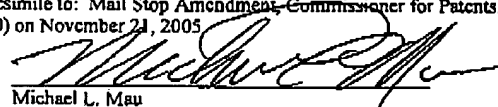
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P.O. Box 1450, Alexandria, VA 22313-1450 (571-273-8300) on November 21, 2005


Michael L. MauAMENDMENT

MS: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Introductory Comments

With regard to the Restriction Requirement mailed October 19, 2005, Applicant is submitting concurrently herewith a Response to Restriction Requirement. It is respectfully requested that the above-identified application be amended as follows:

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper.

Remarks begin on page 11 of this paper.

11/22/2005 JBALINAN 00000029 500549 10786608
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